

S. No. 2
-1-4-41
5-17-39
D1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34975
State File No. _____
Registrar's No. 82

Registration District No. 322

Primary Registration District No. 5717

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Green Cass Township
(b) City or town Willard R1 Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Green
(c) City or town Willard Mo R1
(If outside city or town limits, write "RURAL")
(d) Street No. Green Cass Township Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Norveh Stokes

3. (b) If veteran, name war no
3. (c) Social Security No. 710

4. Sex Male 5. Color or race w
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lettie Guy
6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 15 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 3
If less than one day hr. _____ min. _____

9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Farmer

12. Name James A. Stokes

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eunice Shellers

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lettie Stokes

(b) Address Willard Mo R1

17. (a) Burial (b) Date thereof Oct-20-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roschell Cemetery

18. (a) Signature of funeral director Regina Brown

(b) Address Willard Mo

19. (a) 10/18/41 (b) Etta B McBlure
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
year 1941 hour 5 minute 30 AM

21. I hereby certify that I attended the deceased from ✓ 1941 to 1941
that I last saw in alive on dead Oct-18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death by shooting self
in as near the center of forehead as possible with
Due to 22 caliber single shot rifle
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 164C
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Oct-18-1941

(c) Where did injury occur? Willard R1 Greene Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home on farm

While at work? No (Specify type of place) (e) Means of injury acting against

23. Signature Car. B. Beeson (M.D. or other) acting against

Address Springfield Mo Date signed 10/18/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9
0
0

295 (Licensed Embalmer's Statement on Reverse Side) 162 1/2 North Robinson

10

County Health Office,

County File Number 41-11-104

Date Filed 4/10/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Bernard Wright working under my personal supervision.

Registered Apprentice No. 44

Signed Genea Crim

Licensed Embalmer No. 464

P. O. Address Wheaton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.